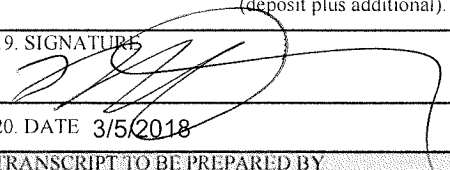


AO 435 AZ Form (Rev. 1/2015)		Administrative Office of the United States Courts TRANSCRIPT ORDER			FOR COURT USE ONLY DUE DATE:	
1. NAME Mark O'Connor		2. PHONE NUMBER 602 530-8377		3. DATE March 5 2018		
4. FIRM NAME Gallagher & Kennedy, P.A.						
5. MAILING ADDRESS 2575 E Camelback Rd Suite 1100		6. CITY Phoenix		7. STATE AZ	8. ZIP CODE 85016	
9. CASE NUMBER MDL 15-02641 PHX DGC		10. JUDGE Judge Campbell		DATES OF PROCEEDINGS		
				11. 2/16/2018	12.	
13. CASE NAME Bard IVC Filters Products Liability Litigation		LOCATION OF PROCEEDINGS				
		14. Phoenix		15. STATE AZ		
16. ORDER FOR						
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		
				<input type="checkbox"/> BANKRUPTCY		
				<input type="checkbox"/> OTHER (Specify)		
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)						
PORTIONS		DATE(S)		PORTION(S)		
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT (Defendant)						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> SENTENCING				Conference/Hearing		
<input type="checkbox"/> BAIL HEARING				2/16/2018		
18. ORDER						
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)		
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY <input checked="" type="checkbox"/> PDF (e-mail) <input checked="" type="checkbox"/> ASCII (e-mail)		
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>				
7 DAYS	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
DAILY	<input type="checkbox"/>	<input type="checkbox"/>				
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>				
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS mark.oconnor@gknet.com		
19. SIGNATURE 				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.		
20. DATE 3/5/2018						
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL		
ORDER RECEIVED	DATE	BY	PROCESSED BY		PHONE NUMBER	
DEPOSIT PAID			DEPOSIT PAID			
TRANSCRIPT ORDERED			TOTAL CHARGES			
TRANSCRIPT RECEIVED			LESS DEPOSIT			
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT			TOTAL DUE			

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